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ABSTRACT

The Clinical Skills Inventory (CSI), an instrument designed to evaluate clinical skills acquired by students over the course of training in a doctoral clinical psychology program, is described. Uses of the CSI are: (1) an advising tool by faculty and students to determine individualized learning objectives and to plan training activities and (2) an outcome measure of training activities to enable programs to measure progress toward expected skills acquisition at specified developmental points and to document the degree to which students achieve competence. The CSI assesses outcome competencies on five dimensions: (1) integration of practice with theory and research; (2) psychological assessment; (3) intervention; (4) ethical and professional values; and (5) personal development. The relationship of these dimensions to American Psychological Association criteria for adequate practicum training is specified. Method of rating is discussed. CSI assumes that clinical skill acquisition is developmental in nature. Following completion of practicum training, CSI ratings can be reviewed by the Clinical Training Director to determine a student's readiness to apply for internship. Students may be evaluated on the CSI during or upon completion of the internship with the criterion level of "four" on all items to be eligible for graduation. CSI represents an important first step in developing outcome-based criteria for clinical skills assessment. A sample of one CSI item is appended. (EMK)

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The Clinical Skills Inventory:

Competence-Based Assessment of Clinical Psychology Student Skill Acquisition

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This paper describes The Clinical Skills Inventory (CSI), an instrument designed to evaluate clinical skills acquired by students over the course of training in a doctoral clinical psychology program. The CSI was developed for use as: 1) an advising tool by faculty and students to determine individualized learning objectives and to plan training activities; and 2) as an outcome of training activities to enable programs to measure progress towards expected skills acquisition at specified developmental points (e.g. pre- and post- practicum) and, consistent with APA's guidelines and principles on accreditation, to document the degree to which students achieve competence.

The CSI is indebted to the work of Michaels (1983/1984) and Oetting (1982) who created the Oetting/Michaels Anchored Rating System for Therapists (OMARTS) to evaluate the clinical skills of students from early through later stages of training. In Oetting and Michael's original version, a detailed list of clinical skills (e.g. responsiveness to non-verbal behaviors, building a relationship with the client) is accompanied by a behaviorally-based ten-point anchored scale. Supervisors are instructed to write a description of each of the trainee's skills and then to rate the point on the anchored scale corresponding to the individual's level of ability for each target. The OMARTS is conceptualized as a multiple use instrument whereby successive supervisors are able to compare past and current behavioral descriptions of a trainee's abilities and the assigned numerical ratings in order to assess progress in skill acquisition over time. However, this 34 page instrument typically takes at least one hour for supervisors to complete. Clearly a more efficient outcome oriented instrument would be useful and more easily integrated into a training program.

The CSI, in contrast, does not rate clinical microskills, but rather assesses outcome competencies on five dimensions. These dimensions were originally based upon the six capacities identified in APA's criteria for adequate practicum training (APA, 1986). These criteria appear in parentheses after each of the CSI rating categories listed below. Subsequent revisions of the CSI have incorporated the revised APA criteria (APA, 1996) to include greater emphasis on competence with empirically supported and multicultural interventions.

I. Integration of Practice with Theory and Research
(Ability to contribute to knowledge and practice; APA, 1986)
A. Knowledge of theory
B. Use of theoretical model and research
C. Integration of research and practice

II. Psychological Assessment
(Conceptualization of human problems; APA, 1986)
A. Interviewing
B. Competence with specific assessment techniques
C. Psychological testing skills
D. Interpretation and communication of assessment findings

III. Intervention
(Skill in interpersonal interaction; APA, 1986)
A. Self vis-à-vis client
B. Quality of therapeutic process
C. Management of therapy
D. Intervention skills

IV. Ethical and Professional Values
(Understanding social responsibility and ethics; APA, 1986)
A. Professional attitudes and role identification

B. Application of ethical and legal standards

V. Personal Development

(Appreciation of personal impact and Awareness of human diversity; APA, 1986)

A. Openness to feedback

B. Personal and emotional problems

C. Cultural sensitivity

Each item presents the rater with a five point anchored scale in which specific competence levels are detailed. Because each rating point describes an aggregate of abilities rather than a component skill, the descriptive anchors resemble level of functioning measures. A sample CSI item is presented in Table One.

As does the CMARTS, the CSI assumes that clinical skill acquisition is developmental; beginning practicum students are expected to receive ratings at the lowest levels with intermediate and advanced students and Ph.D. psychologists ranked progressively higher.

The CSI is suitable for assessing a broad range of clinical skills among incoming students: newly graduated Bachelor's level students; mid-life, career change adults; or Master's level mental health professionals who have decided to pursue a doctorate. Generally initial ratings of clinical skills are assessed at the "one" or "two" level, although students with previous clinical training may possess higher level skills in some categories. Depending on the program's interest in documentation, structured clinical exercises could be used to observe, evaluate and rate students' baseline clinical skills. The results of these ratings are potentially useful in formulating individualized training goals that allow students to focus on their "growing edges," and in selecting a practicum site that addresses these learning objectives. An alternative approach that fits well with existing

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procedures in many programs is the assessment of students' level of clinical competence by practicum supervisors following one semester of training, and thereafter at periodic evaluation points.

Following completion of practicum training, CSI ratings can be reviewed by the Clinical Training Director to determine a student's readiness to apply for internship. A rating of "three" on the five point scale on all items is conceptualized as the competence level expected at the post practicum, pre-internship point in the program. In this manner programs have objective verification that the student's training and skills are sufficient to undertake a more advanced level of training. Students whose ratings are not sufficient may be asked to continue practicum training to address skill deficits, to be followed by a re-assessment on the CSI. Objective ratings are also be useful when it is desirable to document a student's dismissal from the program due to failure to acquire clinical competence.

Finally students may be evaluated on the CSI during or upon completion of the internship with the criterion level of "four" on all items to be eligible for graduation. The "four" criterion level is conceptualized as the competence and skill level necessary to practice with minimal supervision in a post-doctoral capacity while the "five" criterion level is reserved for an outstanding level of competence.

In summary the use of multiple assessment points on an anchored rating scale allows a training program to follow trainee progress and to set specific competence-based criteria for practicum training, internship eligibility, and graduation. Future psychometric development of the CSI will address issues of scaling, reliability, validity, and procedures for training raters in the standardized use of the instrument. However, consistent with the guidelines and principles for accreditation (APA, 1996), the CSI represents an important first step in developing outcome-based criteria for clinical skills assessment.

References

American Psychological Association (1986). Accreditation Handbook. Washington, D.C.: American Psychological Association.

American Psychological Association (1996). Guidelines and Principles for Accreditation of Programs in Professional Psychology. Washington, D.C.: American Psychological Association.

Michaels, L. F. (1983/1984). The development of an anchored rating scale for evaluating psychotherapy skills. (Doctoral dissertation, Colorado State University, 1983). Dissertation Abstracts International, 44, 8-B, 2562-2563.

Oetting, E.R. (1982) Oetting/Michaels Anchored Ratings for Therapists. Fort Collins, CO: Rocky Mountain Behavioral Science Institute, Inc.

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Table One: Sample CSI item

III. Intervention

D. Intervention skills

____5 Able to integrate techniques from other theoretical systems and the empirical literature consistent with the conceptualization of the client and with the goal of furthering the treatment plan.

____4 Uses therapeutic techniques skillfully and knows why they are appropriate, based upon a theoretically informed understanding of the client's issues and the relevant empirical literature (including empirically validated treatments).

____3 Uses therapeutic techniques skillfully, but sometimes inappropriately, e.g. use is not based upon the theoretical understanding of the client's issues or empirical literature.

____2 Knows therapeutic techniques, but applies them mechanically.

____1 Makes intervention with no apparent conceptualization and/or before having sufficient information about the client.